Medicare Part D Worksheet

Medicare beneficiaries are allowed to select a Medicare prescription drug plan (1) when first enrolling in Medicare, (2) if you move, and (3) again every year between October 15 and December 7. You should compare insurance plans every year because the coverage changes every calendar year.

The Loudoun County Area Agency on Aging Part D Counseling Program will help you compare plans and choose the best plan for your needs on a space-available basis. You may find it helpful to gather your prescription drug bottles and your Medicare card before filling out this worksheet.

PRINT or TYPE

1. Zip Code _____

2. Medicare Number _____

3. Name: _____ _____ ____
   Last Name First Name M.I.

4. Address: _____ _____
   Street Apt No.
   _____ _____
   City State

5. Email Address: _____

6. Telephone: Home No. _____ - _____ - _____
   Cell No. _____ - _____ -_____

7. Effective Date for your Medicare Part A and Part B (on Medicare card)

Part A _____ _____ _____ Part B _____ _____ _____
mm dd yy mm dd yy

8. Date of Birth: _____ _____ _____
   mm dd yy

9. Alternate person to contact (relative, friend, etc.) Optional

Name : _____

Relationship : _____

Telephone : _____ - _____ - _____ Email : _____

10. What type(s) of prescription drug coverage do you have now? (Check all that apply)

☐ Medicare Prescription Drug PLan

Name of Plan _____

☐ Medicare Health Plan (HMO, PPO, PFFS)

Name of Plan _____

☐ Medicaid

☐ Employer or Union Retiree Plan

☐ Currently working and have employer sponsored health insurance

☐ None of the above

11. Do you get "Extra Help" (financial help) with your Medicare Prescription Insurance costs?

☐ No

☐ I receive the full subsidy

☐ I receive the partial subsidy

You may be eligible for "Extra Help" financial assistance) in paying for your prescription drug costs if you meet the income and asset guidelines.

Answer the questions below and speak with the counselor to determine if you may be eligible and how to apply.

12. What is your marital status?

☐ Single ☐ Divorced

☐ Married - Living together ☐ Widowed

☐ Married - not Living together ☐ Separately

13. Is your income from all sources greater than

- $17,732/years [$1,436/month] if you are single, a widow(er) or your spouse does not live with you.
- $23,268/year [$1,939/month] if you are married and living together.

☐ Yes ☐ No

14. Are your combined savings, investments and real estate greater than?

- $13,300 if you are single, a widow(er) or your spouse does not live with you.
- $26,580 if you are married and living together.

☐ Yes ☐ No

Include the things you own by yourself, with your spouse or with someone else.

Do not include the value of our home (if you live in it), one vehicle, burial plots, or personal possessions.

15. Do you have children or grandchildren living with you in your home?

☐ Yes ☐ No

Please PRINT:

- The complete **Name** of your prescription drugs (do not list over the counter drugs, vitamins, or supplements)
- The **Strength** of each drug (for example 50 mg or 250 mg)
- **How much** you buy for one month - **number of pills**, **bottles**, **tubes**, **inhalers per month**.

For liquids, eye drops, creams, inhalers, insulin pens, etc. please give the **size of the container** and the **number of containers** you buy for 30 days (one month)

PRESCIPTION DRUG NAME Please give generic name if you take generic or write generic beside brand name.		**STRENGTH**	**How Much you buy for 1 month**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10			
11.			
12.			
13.			
14.			

Please list your preferred pharmacy.

1st Pharmacy		**2nd Pharmacy**	
Name	_____	Name	_____
City	_____	City	_____
ZIP code	_____	ZIP code	_____

Do you prefer Mail Order? Mail order may save you some money, but usually requires you pay for 3 months of your medications with a credit card.

☐ Yes ☐ No

The VICAP Medicare Counseling Program will assist you by preparing an analysis of your drug insurance options.

Return the work sheet in one of the ways listed below.

Mail or **Drop-Off**

Dept of Park, Recreation & Community Services
Medicare Part D Counseling Program
20145 Ashbrook Place, Suite 170
Ashburn, VA 20147

Email information to: **MaryLou.Wilkins@loudoun.gov**

FAX **703-771-5161 Attention: Medicare Part D**

When your analysis is complete, the VICAP office will contact you to set an appointment to discuss your options and answer your questions.